Case 10-40335-pwb Doc 1 Filed 01/29/10 Entered 01/29/10 06:54:26 Desc Main icial Form 1) (1/08) Document Page 1 of 61

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United States Bankruptcy Court Northern District of Georgia					Voluntar	Voluntary Petition				
Name of Debtor (if individual, enter Last, First, Middle): Porter, Kenneth Michael				t Debtor (Spou	se) (Last, First,	, Middle):				
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None				mes used by the ied, maiden, ar		in the last 8 year):	the last 8 years payer I.D. (ITIN) No./Complete EIN et, City, and State			
Last four digits of Soc. Sec. or Individual-Taxpay (if more than one, state all): 4364	yer I.D. (ITIN) No./Co			s of Soc. Sec. one, state all):	or Individual-Ta	axpayer I.D. (IT	IN) No./Complete EIN			
Street Address of Debtor (No. and Street, City, 496 Crowe Springs Rd	and State)	S	treet Addres	s of Joint Debt	or (No. and Str	eet, City, and St	ate			
White, GA	ZIPCOD						ZIPCODE			
County of Residence or of the Principal Place of			County of Re	sidence or of th	ne Principal Pla	ace of Business:	l			
Bartow										
Mailing Address of Debtor (if different from stre	eet address):	N	Mailing Addr	ess of Joint De	btor (if differe	nt from street ad	dress):			
	ZIPCODI	E					ZIPCODE			
Location of Principal Assets of Business Debtor	(if different from stre	et address abov	/e):				ZIPCODE			
Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Filing Fee (Check one by Full Filing Fee attached	(Check one box) Health Care Busi Single Asset Rea 11 U.S.C. § 101 (Railroad Stockbroker Commodity Brok Clearing Bank Other Tax-E (Check b	l Estate as defined (51B)	ation ates de)	Chapter Chapter Chapter Chapter Chapter Chapter Chapter Self-self-self-self-self-self-self-self-s	the Petition 7 7 7 7 9 11 12 13 13 14 15 16 17 19 19 19 19 19 19 19 19 19 19 19 19 19	is Filed (Check Chapter 15 F Recognition Main Procee Recognition Nonmain Procee Recognition Nonmain Procee control of Debts ck one box) S.S.C. Sy an or a cousehold	one box) Petition for of a Foreign ding Petition for of a Foreign occeeding Debts are primarily business debts			
Tull Filing Fee attached Debtor is a small business as defined in 11 U.S. Debtor is not a small business as defined in 11 U.S. Debtor					ent liquidated del e less than \$2,19 etition.	ots (excluding debts 10,000 on from one or				
Statistical/Administrative Information Debtor estimates that funds will be available for dis Debtor estimates that, after any exempt property is distribution to unsecured creditors.			d, there will be	no funds availat	ble for		THIS SPACE IS FOR COURT USE ONLY			
Eştimated Number of Creditors	1000- 5000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000				
Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,00 \$50,000 \$100,000 \$500,000 to \$1 million	to \$10	to \$50 to	50,000,001 \$100 hillion	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion				
Estimated Liabilities \$0 to \$50,001 to \$100,001 to \$500,000 \$500,000 to \$1 million	to \$10	to \$50 to	50,000,001 \$ 100 nillion	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion				

	Section		th the Securi d) of the Sec er 11)	
		Exhibit A	is attached a	
Bankruptcy2010 ©1991-2010, New Hope Software, Inc., ver. 4.5.2-745 - 31444 - PDF-XChange 3.0	Does th		wn or have p	
	ಠ	be completed by every in Exhibit D completed s is a joint petition: Exhibit D also comp		
		⋈	Debtor I immedia There is Debtor i or has n court] in	
			Landlor	

B1 (Official for	1101 40/3085-pwb Doc 1 Filed 01/29		54:26 Desc Main Page 2				
Voluntary Per (This page must be	tition completed and filed in every case)	Page of Debtor(s): Kenneth Michael Porter					
	All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)					
Location Where Filed:	NONE	Case Number:	Date Filed:				
Location Where Filed:	N.A.	Case Number:	Date Filed:				
	nkruptcy Case Filed by any Spouse, Partner	<u> </u>					
Name of Debtor:	NONE	Case Number:	Date Filed:				
District:		Relationship:	Judge:				
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) Date							
l <u> </u>	Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No						
Exhibit D If this is a joint pet	If this is a joint petition:						
		arding the Debtor - Venue					
ಠ	(Check and Debtor has been domiciled or has had a residence, principal immediately preceding the date of this petition or for a local content.)						
	There is a bankruptcy case concerning debtor's affiliate, §	general partner, or partnership pending in this I	District.				
	Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United Sates in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.						
	Certification by a Debtor Who Resi (Check all ap	des as a Tenant of Residential Prop	erty				
	Landlord has a judgment for possession of debtor's resident)				
(Name of landlord that obtained judgment)							
	(Address	of landlord)					
	Debtor claims that under applicable non bankruptcy law, entire monetary default that gave rise to the judgment for						
	Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.						
	Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).						

Case 10-40335-pwb Doc 1 Filed 01/29/1	
B1 (Official Form 1) (1/08)	Page 3 of 61 Page 3
Voluntary Petition	Name of Debtor(s):
(This page must be completed and filed in every case)	Kenneth Michael Porter
Signa	atures
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached. Pursuant to 11 U.S.C.§ 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
Signature of Debtor	X
	(Signature of Foreign Representative)
X Signature of Joint Debtor	(Signature of Foreign Representative)
Signature of Joint Debtor	<u></u> _
	(Printed Name of Foreign Representative)
Telephone Number (If not represented by attorney)	
1/29/10	
Date	(Date)
Signature of Attorney*	
X /s/ Brian R. Cahn Signature of Attorney for Debtor(s) BRIAN R. CAHN 101965 Printed Name of Attorney for Debtor(s) Perrotta, Cahn & Prieto, P.C. Firm Name 5 South Public Square Address Cartersville, GA 30120	Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
	Printed Name and title, if any, of Bankruptcy Petition Preparer
1/29/10 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Social Security Number (If the bankruptcy petition preparer is not an individual state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address
Cianatura of Dakton (Composation/Doutnorchin)	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11,	X
United States Code, specified in this petition.	Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
XSignature of Authorized Individual	Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is
Printed Name of Authorized Individual	not an individual: If more than one person prepared this document, attach additional sheets
Title of Authorized Individual	conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11
Date	and the Federal Rules of Bankruptcy Procedure may result in fines or

B1 D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT Northern District of Georgia

In re Kenneth Michael Porter	Case No.
Debtor(s)	(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

B1 D (Official Form 1, Exh. D) (12/09) – Cont.

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□ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
 Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
 Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 Active military duty in a military combat zone.
 5. The United States trustee or bankruptcy administrator has determined that the credit
- I certify under penalty of perjury that the information provided above is true and correct.

counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

Signature of Debtor: /s/ Kenneth Michael Porter

KENNETH MICHAEL PORTER

Date: ____1/29/10

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or it part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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In re	Kenneth Michael Porter	Case No
	Debtor	(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence @ 496 Crowe Springs Rd			295,300.00	390,000.00
White, GA Wells Fargo Home Mortgage mtg bal \$390,000				
Commerical buildling @ 91 Zena Dr			325,000.00	375,000.00
Cartersville, GA Ironstone Bank 1st mtg bal \$225,000 Capital Resource 2nd mtg bal \$150,000				
			620,300,00	

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(Report also on Summary of Schedules.)

In re	Kenneth Michael Porter	Case No.
	Debtor	(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		cash on hand		58.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		checking/savings Wachovia Bank checking		50.00
Security deposits with public utilities, telephone companies, landlords, and others.	X			
Household goods and furnishings, including audio, video, and computer equipment.		Household Goods		1,500.00
Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
Wearing apparel.		wearing apparel		150.00
7. Furs and jewelry.		jewelry		50.00
Firearms and sports, photographic, and other hobby equipment.	X			
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.				

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In re	Kenneth Michael Porter	Case No.	
	Debtor		(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		100% Owner of Porter Heating & Air, Inc (debts exceed the value of corporate assets)		0.00
14. Interests in partnerships or joint ventures. Itemize.		50% member (with ex-wife) of Bryson Properties, LLC (Sole asset: commerical bld @ 91 Zena Dr, debt exceeds value)		0.00
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Suzuki 4 wheeler 2007 GMC 1500 Z71 Pickup KTM 990 Motorcycle 2007 Class A Damon Motorhome 2007 Ford E350 Van 2007 Ford E250 Van		1,500.00 17,000.00 8,000.00 40,000.00 11,000.00 8,000.00

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In re	Kenneth Michael Porter	Case No	
_	Debtor	(If known)	

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		2007 Mustang Bobcat		20,000.00
26. Boats, motors, and accessories.	X	, and the second		
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
already listed. Itemize.		misc tools		1,500.00
		0 continuation sheets attached Tot	 a1	\$ 108,808.00

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In re	Kenneth Michael Porter	Case No							
	Debtor	(If known)							
	SCHEDULE C - PROPERTY CLAIMED AS EXEMPT								
	tor claims the exemptions to which debtor is entitled under: eck one box)								

\$136,875.

 $\ \square$ Check if debtor claims a homestead exemption that exceeds

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Household Goods	OCGA §44-13-100(4)	1,500.00	1,500.00
wearing apparel	OCGA §44-13-100(4)	150.00	150.00
jewelry	OCGA §44-13-100(5)	50.00	50.00
cash on hand	OCGA §44-13-100(a)(6)	58.00	58.00
checking/savings	OCGA §44-13-100(a)(6)	50.00	50.00
misc tools	OCGA §44-13-100(7)	1,500.00	1,500.00
Suzuki 4 wheeler	OCGA §44-13-100(3)	1,500.00	1,500.00
2007 Mustang Bobcat	OCGA §44-13-100(3)	1,000.00	20,000.00

☐ 11 U.S.C. § 522(b)(2)

11 U.S.C. § 522(b)(3)

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B6D (Official Form 6D) (12/07)

In re	Kenneth Michael Porter		Case No	
	Debtor	,	(If	known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Lien: Second Mortgage Security: Commercial building @ 91 Zena					50,000.00
X		Dr, Owned by Bryson Properties, LLC To be Reaffirmed				150,000.00	This amount based upon existence of Superior Liens
		VALUE \$ 325,000.00					-
_		jmt/Superior Court of Bartow					
		County Case no: 09C-3617				Notice Only	Notice Only
		VALUE \$ 0.00					
╛		Incurred: 11/2006					590.00
X		Lien: PMSI in vehicle >910 days Security: 2007 Ford E350 Van To be Reaffirmed				11,590.00	
		VALUE \$ 11,000.00					
•		/TD : 1	Sub	tota	\	\$ 161,590.00	\$ 50,590.00
		·	7	Γοŧal	>	\$	\$
	X	X	Lien: Second Mortgage Security: Commerical building @ 91 Zena Dr, Owned by Bryson Properties, LLC To be Reaffirmed VALUE \$ 325,000.00 jmt/Superior Court of Bartow County Case no: 09C-3617 VALUE \$ 0.00 Incurred: 11/2006 Lien: PMSI in vehicle >910 days Security: 2007 Ford E350 Van To be Reaffirmed VALUE \$ 11,000.00 (Total of	Lien: Second Mortgage Security: Commerical building @ 91 Zena Dr, Owned by Bryson Properties, LLC To be Reaffirmed VALUE \$ 325,000.00 jmt/Superior Court of Bartow County Case no: 09C-3617 VALUE \$ 0.00 Incurred: 11/2006 Lien: PMSI in vehicle >910 days Security: 2007 Ford E350 Van To be Reaffirmed VALUE \$ 11,000.00 Sub (Total of thi	Lien: Second Mortgage Security: Commerical building @ 91 Zena Dr, Owned by Bryson Properties, LLC To be Reaffirmed VALUE \$ 325,000.00 jmt/Superior Court of Bartow County Case no: 09C-3617 VALUE \$ 0.00 Incurred: 11/2006 Lien: PMSI in vehicle >910 days Security: 2007 Ford E350 Van To be Reaffirmed VALUE \$ 11,000.00 Subtotal (Total of this pa	Lien: Second Mortgage Security: Commerical building @ 91 Zena Dr, Owned by Bryson Properties, LLC To be Reaffirmed VALUE \$ 325,000.00 jmt/Superior Court of Bartow County Case no: 09C-3617 VALUE \$ 0.00 Incurred: 11/2006 Lien: PMSI in vehicle >910 days Security: 2007 Ford E350 Van To be Reaffirmed	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN Lien: Second Mortgage Security: Commerical building @ 91 Zena Dr, Owned by Bryson Properties, LLC To be Reaffirmed VALUE \$ 325,000.00 imt/Superior Court of Bartow County Case no: 09C-3617 VALUE \$ 0.00 Incurred: 11/2006 Lien: PMSI in vehicle >910 days Security: 2007 Ford E350 Van To be Reaffirmed VALUE \$ 11,000.00 VALUE \$ 11,000.00 VALUE \$ 11,590.00 \$ 161,590.00

(Report also on (If applicable, reposition of Schedules) also on Statistical

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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B6D (Official Form 6D) (12/07) - Cont.

In re	Kenneth Michael Porter	,	Case No	
	Debtor			(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Ford Motor Credit PO Box 105697 Atlanta, GA 30348	X		Incurred: 1/2007 Lien: PMSI in vehicle > 910 days Security: 2007 Ford E250 Van To be Reaffirmed				8,600.00	600.00
ACCOUNT NO. GE Money Bank Atten: Bankruptcy Dept PO Box 103106 Roswell, GA 30076			VALUE \$ 8,000.00 Lien: PMSI Security: KTM 990 Motorcycle To be Surrendered VALUE \$ 8,000.00				13,000.00	5,000.00
ACCOUNT NO. GE Money Bank PO Box 960061 Orlando, FL 32896-0061			Lien: PMSI in vehicle < 910 days Security: 2007 Class A Damon Motorhome To be Surrendered				89,000.00	49,000.00
ACCOUNT NO. GEHL Finance BIN 88512 Milwaukee, WI 53288-0512	X		Lien: PMSI in vehicle < 910 days Security: 2007 Mustang Bobcat To be Surrendered VALUE \$ 20,000.00				19,000.00	0.00
ACCOUNT NO. GMAC PO Box 9001948 Louisville, KY 40290-1948			Lien: PMSI in vehicle . 910 days Security: 2007 GMC 1500 Z71 Pickup To be Surrendered VALUE \$ 17,000.00				30,000.00	13,000.00
Sheet no. 1 of 2 continuation sheets attached Schedule of Creditors Holding Secured Claims	l to	1	Sul (Total(s) o (Use only or	thi T	s pa otal	(s)	\$ 159,600.00 \$	\$

(Use only on last page)

(Report also on

(If applicable, report Summary of Schedules) also on Statistical Summary of Certain Liabilities and Related Data.)

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B6D (Official Form 6D) (12/07) - Cont.

In re	Kenneth Michael Porter		Case No	
	Debtor	·		(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

Ironstone Bank PO Box 29568 Raleigh, NC 27626-0568 X ACCOUNT NO. Superior Court of Bartow County Case no: 09C-3617 135 West Cherokee Avenue, Ste 333 Cartersville, GA 30120-3181 Dr, Owned by Bryson Properties, LLC To be Reaffirmed 225,000.00 225,000.00 Dr, Owned by Bryson Properties, LLC To be Reaffirmed 225,000.00 Porton Properties, LLC To be Reaffirmed 225,000.00 Porton Properties, LLC To be Reaffirmed 225,000.00 Notice Only Notice Only Notice Only VALUE \$ 0.00	CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Superior Court of Bartow County Case no: 09C-3617 135 West Cherokee Avenue, Ste 333 Cartersville, GA 30120-3181 ACCOUNT NO. Wells Fargo Mortgage P0 Box 14411 Des Moines, IA 50306-3411 ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. VALUE \$ 100 VALUE \$ VALUE \$	Ironstone Bank PO Box 29568	X		Security: Commerical building @ 91 Zena Dr, Owned by Bryson Properties, LLC To be Reaffirmed				225,000.00	
Wells Fargo Mortgage P0 Box 14411 Des Moines, IA 50306-3411 ACCOUNT NO. VALUE \$ 295,300.00	Superior Court of Bartow County Case no: 09C-3617 135 West Cherokee Avenue, Ste 333			c/o Charles M Gisler				Notice Only	Notice Only
VALUE \$	Wells Fargo Mortgage P0 Box 14411			Security: Residence @ 496 Crowe Springs Rd To be Reaffirmed				390,000.00	94,700.00
ACCOUNT NO.	ACCOUNT NO.			VALUE \$					
VALUE \$	ACCOUNT NO.		,	VALUE \$					

Total(s) (Use only on last page)

936,190.00 \$ 262,890.00

(Report also on Summary of Schedules) also on Statistical

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B6E (Official Form 6E) (12/07)

In re	Kenneth Michael Porter	Case No.
	Debtor	(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related

Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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B6E (Official Form 6E) (12/07) - Cont.

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Kenneth Michael Porter	. Case No.
Debtor	(if known)
Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fishermen.	sherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals	
Claims of individuals up to \$2,425* for deposits for the purchase, lease, that were not delivered or provided. 11 U.S.C. § 507(a)(7).	or rental of property or services for personal, family, or household use,
Taxes and Certain Other Debts Owed to Governmental Units	
Taxes, customs duties, and penalties owing to federal, state, and local g	overnmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depository I	institution
Claims based on commitments to the FDIC, RTC, Director of the Office	of Thrift Supervision. Comptroller of the Currency or Board of
Governors of the Federal Reserve System, or their predecessors or successo U.S.C. § 507 (a)(9).	
Claims for Death or Personal Injury While Debtor Was Intoxicat	ed
Claims for death or personal injury resulting from the operation of a melcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).	otor vehicle or vessel while the debtor was intoxicated from using
* Amounts are subject to adjustment on April 1, 2010, and every three year	s thereafter with respect to cases commenced on or after the date of
adjustment.	

1 ____ continuation sheets attached

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B6E (Official Form 6E) (12/07) - Cont.

In re	Kenneth Michael Porter	, Case No.
	Debtor	(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

Type of Priority for Claims Listed on This Sheet									
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									
Georgia Department of Revenue Taxpayer Services Division PO Box 105499 Atlanta, GA 30348-5499							Notice Only	Notice Only	Notice Only
ACCOUNT NO.			2007 & 2008 941						
Internal Revenue Service Insolvency Suite 400 Stop 334-D 401 West Peachtree St, NE Atlanta, GA 30308	X		Payroll Taxes				60,000.00	60,000.00	0.00
ACCOUNT NO.									
IRS PO Box 21125 Philadelpia, PA 19114-0326	•						Notice Only	Notice Only	Notice Only
ACCOUNT NO.				_					
IRS PO Box 21126 Philadelpia, PA 19114-0326							Notice Only	Notice Only	Notice Only
Sheet no. 1 of 1 continuation sheets attached Creditors Holding Priority Claims	to S	chedul	Some of (Totals of		tal pag	e)	\$ 60,000.00	\$	\$
		Sche	To conly on last page of the compedule E.) Report also on the Schedules)			>	\$ 60,000.00		
		Sche the S	Tonly on last page of the compedule E. If applicable, report a Statistical Summary of Certain ilities and Related Data.)	lso o	1	>	\$	\$ 60,000.00	\$ 0.00

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B6F (Official Form 6F) (12/07)

In re	Kenneth Michael Porter		Case No.		
_	Debtor	,		(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Aaon Inc 2425 S. Yukon Tulsa, OK 74107			Consideration: balance on account Personal Guaranty				38,744.80
ACCOUNT NO. Accurate Accounting and Tax Inc 2336 Wisteria Dr # 130 Snellville, GA 30078-6162			Consideration: Balance on Account				450.00
ACCOUNT NO. American Express PO Box 36002 Ft. Lauderdale, FL 33336			Consideration: Credit card debt				8,860.00
ACCOUNT NO. Atlanta Oral & Facial Surgery 605 Beaver Ruin Rd, Ste C Lilburn, GA 30047 □ □			Consideration: Medical Services				219.60
6continuation sheets attached	-			Subt T	otal otal		\$ 48,274.40 \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re _	Kenneth Michael Porter	Case No.
	Debtor	(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Consideration: balance on account				
C.C. Dickson PO Box 13501 Rock Hill, SC 29731-3501							1,023.59
ACCOUNT NO.	+		Consideration: Credit card debt	+	\vdash		
Citibusiness Card PO Box 44180 Jacksonville, FL 32231-4180	X						7,077.00
ACCOUNT NO.			Consideration: Credit card debt				
Citibusiness Card PO Box 44180 Jacksonville, FL 32231-4180							18,700.00
ACCOUNT NO.	+		Consideration: Balance on Account	+	\vdash		
Climatic Comfort Products PO Box 25189 Columbia, SC 29224							787.47
ACCOUNT NO.	+		Consideration: balance on account				
Commerical Controls of Ga, Inc 6675 Mill Court Norcross, GA 30092							34,000.00
Sheet no. 1 of 6 continuation sheets a	ttached			Sub	tota	Ļ	\$ 61,588.06

Nonpriority Claims

Total ➤ \$

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) Case 10-40335-pwb Doc 1 Filed 01/29/10 Entered 01/29/10 06:54:26 Desc Main Document Page 20 of 61

B6F (Official Form 6F) (12/07) - Cont.

In re _	Kenneth Michael Porter	Case No	
	Debtor	(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Dealers Supply Company, Inc 82 Kennedy Drive Forest Park, GA 30297-2536			Consideration: balance on account				315.21
ACCOUNT NO. DeLew Advertising 3098 Highway 411 Ne White, GA 30184			Consideration: Balance on Account				1,100.00
ACCOUNT NO. Dell PO Box 5275 Carol Stream, IL 60197-5275			Consideration: Credit card debt				1,925.00
ACCOUNT NO. Dell Air Conditioning, Inc 4131 Old Dixie Hwy Hapeville, GA 30354			Consideration: balance on account				111,000.00
ACCOUNT NO. Diamond Metal Fabricators, Inc 322 Northpoint Pkwy, Ste A Acworth, GA 30102			Consideration: balance on account				3,200.00
Sheet no. 2 of 6 continuation sheets a conscious Schedule of Creditors Holding Unsecured	ittached			Sub	tota	l >	\$ 117,540.21

Sheet no. 2 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ➤ \$ 117,540.

Total ➤ \$

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re	Kenneth Michael Porter	Case No.
	Debtor	(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. East Coast Metal Distributors PO Box 277387 Atlanta, GA 30384-7387			Consideration: balance on account Personal Guaranty				4,228.59
ACCOUNT NO. Ed's Supply Co, Inc 40 Hickory Springs Ind Drive Canton, GA 30115	+		Consideration: balance on account				4,420.00
ACCOUNT NO. FIA Card Services PO Box 15726 Wilmington, DE 19886-5726			Consideration: Credit card debt				17,072.00
ACCOUNT NO. Fleet Services PO Box 6293 Carol Stream, IL 60197-6293			Consideration: balance on account				3,600.00
ACCOUNT NO. Goodman Distribution, Inc PO Box 201652 Houston, TX 77216-1652			Consideration: balance on account				23,000.00
Sheet no. 3 of 6 continuation sheets a to Schedule of Creditors Holding Unsecured	ttached			Sub	tota	l >	\$ 52,320.59

Sheet no. 3 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ➤ \$ 52,320.5

Total ➤ \$

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re _	Kenneth Michael Porter	Case No.
	Debtor	(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Goodman Distribution, Inc PO Box 201652 Houston, TX 77216-1652			Consideration: balance on account				111,300.00
ACCOUNT NO. HD Supply PO Box 934752 Atlanta, GA 31193-4752			Consideration: balance on account				5,007.97
ACCOUNT NO. Holden & Associates PO Box 2608 Norcoss, GA 30091-			Consideration: Legal Services				34,751.46
ACCOUNT NO. Home Depot PO Box 6029 The Lakes, NV 88901-6029			Consideration: Credit card debt				2,200.00
ACCOUNT NO. Jackson L. Culbreth 115 Perimeter Center Place, Ste 900 Atlanta, GA 30346			Consideration: collections for NB Handy				Notice Only
Sheet no. 4 of 6 continuation sheets attate Schedule of Creditors Holding Unsecured	ached			Sub	tota	1>	\$ 153,259.43

Nonpriority Claims

\$

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B6F (Official Form 6F) (12/07) - Cont.

In re _	Kenneth Michael Porter	Case No	
	Debtor	(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lowendick, Cuzdey, Ehrmann, Wagner, LLC 3775 Mansell Rd Alpharetta, GA 30022			Consideration: Legal Services				3,900.00
ACCOUNT NO. Mingledorff's Inc PO Box 2608 Norcoss, GA 30092			Consideration: balance on account				161,000.00
ACCOUNT NO. NB Handy PO Box 601357 Charlotte, NC 28260-1357			Consideration: balance on account				Notice Only
ACCOUNT NO. Online Yellow Pages Group, Inc 334 Cornelia Street, Ste 1503 Plattsburgh, NY 12901			Consideration: balance on account				505.00
ACCOUNT NO. Southern Pipe & Supply 1331 JFH Parkway Cartersville, GA 30120			Consideration: balance on account				5,247.82
Sheet no. 5 of 6 continuation sheets atta	ched	_		Sub	tota	ı>	\$ 170,652.82

to Schedule of Creditors Holding Unsecured Nonpriority Claims

\$

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B6F (Official Form 6F) (12/07) - Cont.

In re _	Kenneth Michael Porter	Case No	
	Debtor	(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Staples Credit Plan PO Box 689020 Des Moines, IA 50368-9020			Consideration: Credit card debt				843.00
ACCOUNT NO. The Guardian PO Box 200214 Cartersville, GA 30120			Consideration: balance on account				70.00
ACCOUNT NO. Trane Inc PO Box 403271 Atlanta, GA 30384-3271			Consideration: balance on account				7,760.91
ACCOUNT NO. Trane US Inc PO Box 406469 Atlanta, GA 30384			Consideration: balance on account				256.98
ACCOUNT NO. Wachovia Bank PO Box 96074 Charlotte, NC 28296-0074			Consideration: Credit card debt				21,000.00

Sheet no. <u>6</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Total \$

Total ▶ \$ 633,566.40

Doc 1 Document

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In re	Kenneth Michael Porter	Case No.	
	Debtor		(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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In re	Kenneth Michael Porter	Case No.	
	Debtor		(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

constone Bank O Box 29568 aleigh, NC 27626-0568 constone Bank O Box 29568 aleigh, NC 27626-0568
O Box 29568 aleigh, NC 27626-0568
apital Resource 050 Iron Point Road olsom, CA 95630
Capital Resource 050 Iron Point Road olsom, CA 95630
ord Motor Credit O Box 105697 tlanta, GA 30348
ord Motor Credit O Box 105697 tlanta, GA 30348
EEHL Finance IN 88512 filwaukee, WI 53288-0512

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In reKenneth Michael Porter	Case No.	
Debtor	-	(if known)

SCHEDULE H - CODEBTORS (Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	Internal Revenue Service Insolvency Suite 400 Stop 334-D 401 West Peachtree St, NE Atlanta, GA 30308
Cimberly A. Porter 1 Miles Dr Carterville, GA 30120	Citibusiness Card PO Box 44180 Jacksonville, FL 32231-4180

_	Kenneth Michael Porter		
In re_		Casa	

Debtor (if known) SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" n filed, unless the spouses are sep	must be completed in all cases filed by joint debtors and parated and a joint petition is not filed. Do not state the fer from the current monthly income calculated on Fo	d by every married de e name of any minor	ebtor, wl child. T	hether or not	a joint pet	ition is
Debtor's Marital	DEPENDENTS	OF DEBTOR AND S	SPOUSE]		
Status: Single RELATIONSHIP(S): son AGE(S): 9						
Employment:	DEBTOR		SP	OUSE		
Occupation	Heating & air tech					
Name of Employer	Self-employed					
How long employed						
Address of Employer	496 Crowe Springs Rd]	N.A.		
	White, GA 30184					
INCOME: (Estimate of average	e or projected monthly income at time case filed)		DEF	BTOR	SPO	OUSE
1. Monthly gross wages, salar	y, and commissions		ф	0.00	Ф	NT A
(Prorate if not paid mont	thly.)		\$	0.00	\$	N.A
2. Estimated monthly overtime	e		\$	0.00	\$	<u>N.A.</u>
3. SUBTOTAL			\$	0.00	\$	N.A.
4. LESS PAYROLL DEDUCT	TIONS					
			\$	0.00	\$	N.A.
a. Payroll taxes and sociab. Insurance	al security		\$	0.00	\$	N.A
c. Union Dues			\$	0.00	\$	N.A.
d. Other (Specify:)	\$	0.00_	\$	N.A.
5. SUBTOTAL OF PAYROLI	L DEDUCTIONS		\$	0.00	\$	N.A.
6 TOTAL NET MONTHLY	TAKE HOME PAY		\$	0.00	\$	N.A.
7. Regular income from opera	ation of business or profession or farm		\$4	,300.00	\$	N.A.
(Attach detailed statement)						
8. Income from real property			\$	0.00	\$	N.A.
9. Interest and dividends			\$	0.00	\$	N.A
10. Alimony, maintenance of	or support payments payable to the debtor for the		\$	0.00	\$	N.A.
debtor's use or that of depe	endents listed above.		Φ	0.00	Φ	N.A
11. Social security or other go (Specify)	overnment assistance		\$	0.00	\$	N.A
12. Pension or retirement inco	ome		\$	0.00	\$	N.A
13. Other monthly income			\$	0.00	\$ \$	N.A
(Specify)			\$	0.00	\$	N.A.
14. SUBTOTAL OF LINES 7	THROUGH 13		\$4	,300.00	\$	N.A
15. AVERAGE MONTHLY I	NCOME (Add amounts shown on Lines 6 and 14)		\$_4	,300.00	\$	N.A.
	MONTHLY INCOME (Combine column totals		\$4,300.00_			_
from line 15) 17. Describe any increase or d	lecrease in income reasonably anticipated to occur wit	(Report also on Sur on Statistical Summ	nary of (Certain Liabil	lities and F	

1/.	Describe any	mercase or	decrease in ii	icome reasoni	aory amicipa	ica io occui	within the	ycai 101	lowing the h	mig of this	document.	
	None											

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	t Page 29 of 61
In re Kenneth Michael Porter	Case No(if known)
Debtor	(if known)
SCHEDULE J - CURRENT EXPEN	DITURES OF INDIVIDUAL DEBTOR(S)
Complete this schedule by estimating the average or project filed. Prorate any payments made biweekly, quarterly, semi-annually calculated on this form may differ from the deductions from income	
Check this box if a joint petition is filed and debtor's spouse malabeled "Spouse."	aintains a separate household. Complete a separate schedule of expenditures
. Rent or home mortgage payment (include lot rented for mobile home	\$
	No
	No
2. Utilities: a. Electricity and heating fuel	\$\$
b. Water and sewer	\$213.00- \$20.00-
c. Telephone	
d. Other cable	\$50.00
	\$83.00
3. Home maintenance (repairs and upkeep)	\$0.00
l. Food	\$350.00
5. Clothing	\$50.00
6. Laundry and dry cleaning	\$9.00
7. Medical and dental expenses	\$125.00
3. Transportation (not including car payments)	\$200.00
D. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$0.00
0.Charitable contributions	\$0.00
1.Insurance (not deducted from wages or included in home mortgage p	
a. Homeowner's or renter's	\$0.00
b. Life	\$
c. Health	\$
d.Auto	\$85.00
e. Other	_
2.Taxes (not deducted from wages or included in home mortgage payn	\$\$
Specify) income	_
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments)	
a. Auto	\$0.00
b. Other <u>cell phone</u>	\$
c. Other	\$0.00
4. Alimony, maintenance, and support paid to others	\$0.00
5. Payments for support of additional dependents not living at your hor	0.00
6. Regular expenses from operation of business, profession, or farm (a	ttach detailed statement) \$0.00
7. Other <u>auto tags</u>	\$40.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also	
f applicable, on the Statistical Summary of Certain Liabilities and Rela	

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 4,300.00
b. Average monthly expenses from Line 18 above	\$ 4,300.00
c Monthly net income (a minus b)	\$ 0.00

B6 Summary (Official Form 6 - Summary) (12/07)

Vonnath Michael Douton

United States Bankruptcy Court

Northern District of Georgia

In re	Kenneth Wichael Forter	Case No.		
	Debtor			
		Chapter _	7	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF GOVERNME	ATTACHED	No or average	A GOVERN		0.000
NAME OF SCHEDULE	(YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 620,300.00		
B – Personal Property	YES	3	\$ 108,808.00		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	3		\$ 936,190.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 60,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	7		\$ 633,566.40	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	2			
I - Current Income of Individual Debtor(s)	YES	1			\$ 4,300.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 4,300.00
тот	FAL	23	\$ 729,108.00	\$ 1,629,756.40	

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In re	Kenneth Michael Porter	Case No.	
	Debtor		
		Chapter	7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ N.A.

State the Following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.

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	Remedi Michael I Orter	
In re		Case No
	Debtor	(If known)

DECLARATION UNDER PEN		
I declare under penalty of perjury that I have read the fe are true and correct to the best of my knowledge, information, an		schedules, consisting of $\underline{25}$ sheets, and that they
Date	Signature:	/s/ Kenneth Michael Porter
	238	Debtor:
Date	Signature:	Not Applicable
·····		(Joint Debtor, if any)
		t case, both spouses must sign.]
DECLARATION AND SIGNATURE OF NON-ATTO		
I declare under penalty of perjury that: (1) I am a bankruptcy per compensation and have provided the debtor with a copy of this doct 110(h) and 342(b); and, (3) if rules or guidelines have been promulated by bankruptcy petition preparers, I have given the debtor notice of the accepting any fee from the debtor, as required by that section.	ument and the notices a gated pursuant to 11 U.	nd information required under 11 U.S.C. §§ 110(b), S.C. § 110 setting a maximum fee for services chargeable
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer		ial Security No. l by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if a who signs this document.	` •	•
Address		
XSignature of Bankruptcy Petition Preparer	_	 Date
Names and Social Security numbers of all other individuals who prepared or assis	sted in preparing this docum	ent, unless the bankruptcy petition preparer is not an individual:
If more than one person prepared this document, attach additional signed sheets	conforming to the appropric	nte Official Form for each person.
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and th 18 U.S.C. § 156.	e Federal Rules of Bankruptc	y Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110,
DECLARATION UNDER PENALTY OF PERJUR	RY ON BEHALF OF A	A CORPORATION OR PARTNERSHIP
I, the [the president	or other officer or an a	uthorized agent of the corporation or a member
or an authorized agent of the partnership] of the in this case, declare under penalty of perjury that I have read the for shown on summary page plus 1), and that they are true and correct to	egoing summary and so	[corporation or partnership] named as debtor chedules, consisting ofsheets (total
Date	Signature:	
	[Drin	t or type name of individual signing on behalf of debtor.]
[An individual signing on behalf of a partnership or		

Case 10-40335-pwb Doc 1 Filed 01/29/10 Entered 01/29/10 06:54:26 Desc Main

UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

In Re	Kenneth Michael Porter	Case No.	
-		(if known)	

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT		SOURCE
2010	2,000	wage ytd estimated	
2009	70,000	wage estimated	
2008	128,000	wage estimated	

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

None

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT PAYMENTS PAID

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF AND RELATIONSHIP TO DEBTOR PAYMENTS

AMOUNT PAID AMOUNT STILL OWING

AMOUNT STILL

OWING

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

Dell Air Conditioning, Inc

c/o Charles M Gisler

VS

Porter Heating & Air Incorporated, aka Porter

Heating & Air

Case no: 09C-3617 □ □

Superior Court of Bartow

County

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Brian R. Cahn
Perrotta, Cahn and Prieto, P.C.
5 South Public Square
Cartersville, GA 30120

\$3950

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

 \boxtimes

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY OR
DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

 \boxtimes

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME NAME AND ADDRESS DATE OF ENVIRONMENTAL AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME NAME AND ADDRESS AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE ENVIRONMENTAL LAW

 \boxtimes

NAME

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or None was a party to the proceeding, and the docket number. \boxtimes NAME AND ADDRESS DOCKET NUMBER STATUS OR DISPOSITION OF GOVERNMENTAL UNIT 18. Nature, location and name of business None If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case. If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case. If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case. LAST FOUR DIGITS OF NATURE OF BUSINESS BEGINNING AND NAME **ADDRESS** SOCIAL-SECURITY OR **ENDING DATES** OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN Porter Heating & Air, 91 Zena Drive HVAC Repair □ 2003- Jan 2010 43-1996406 Cartersville, GA 30120□ $Inc \square \square$ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. None

[Questions 19 - 25 are not applicable to this case]

ADDRESS

* * * * * *

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	I declare under penalty of perjury that I have read the	answers contained in t	he foregoing statement of financial affairs and any attachments
	thereto and that they are true and correct.	answers contained in t	ne foregoing statement of financial arians and any attachments
Date	1/29/10	Signature	/s/ Kenneth Michael Porter
		of Debtor	KENNETH MICHAEL PORTER
	_0	continuation sheets	attached
	Penalty for making a false statement: Fine	of up to \$500,000 or i	mprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571
			BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
compens rules or	sation and have provided the debtor with a copy of this d guidelines have been promulgated pursuant to 11 U.S.C ven the debtor notice of the maximum amount before pre-	locument and the notic C. § 110 setting a max	as defined in 11 U.S.C. § 110; (2) I prepared this document for es and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if imum fee for services chargeable by bankruptcy petition preparers, I or filing for a debtor or accepting any fee from the debtor, as required
	or Typed Name and Title, if any, of Bankruptcy Petition	•	Social Security No. (Required by 11 U.S.C. § 110(c).) d social security number of the officer, principal, responsible person, or
	who signs this document.	(9),,	
Address			
X			
Signatui	re of Bankruptcy Petition Preparer		Date
	and Social Security numbers of all other individuals who adividual:	prepared or assisted in	preparing this document unless the bankruptcy petition preparer is
T.C.	than one person prepared this document, attach additiona	l signed sheets conform	ning to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

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B8 (Official Form 8) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Georgia

	Kenneth Michael Porter			
In re			Case No.	
11110	Debtor	,	cuse 110.	Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

	_
Property No. 1	
Creditor's Name: Wells Fargo Mortgage	Describe Property Securing Debt: Residence @ 496 Crowe Springs Rd
Property will be (check one):	
☐ Surrendered ☑ Retained	
If retaining the property, I intend to (check at least one):	
Redeem the property	
Reaffirm the debt	
Other. Explain	(for example, avoid lien
using 11 U.S.C. §522(f)).	
Property is (check one):	
	Not claimed as exempt
	tot claimed as exempt
	_
Property No. 2 (if necessary)	
Creditor's Name: GMAC	Describe Property Securing Debt: 2007 GMC 1500 Z71 Pickup
Property will be (check one):	
☑ Surrendered ☐ Retained	
If retaining the property, I intend to (check at least one):	
☐ Redeem the property	
☐ Reaffirm the debt	
Other. Explain	(for example, avoid lien
using 11 U.S.C. §522(f)).	
Property is (check one): Claimed as exempt	Not claimed as exempt
☐ Claimed as exempt ☐	Not ciaimed as exempt

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Page 2

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PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1 NO Leased Proper	ty	
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		□ YES □ NO
Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuan to 11 U.S.C. §365(p)(2)):
		□ YES □ NO
continuation sheets attached (if any)	•
	hat the above indicates my intention as to I property subject to an unexpired lease.	
Date: 1/29/10	/s/ Kenneth Michael	Porter
Sate.	Signature of Debtor	
	Signature of Joint Debt	or

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CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION (Continuation Sheet)

PART A - Continuation

Creditor's Name: KTM Financial		Describe Property Securing De KTM 990 Motorcycle	ebt:
Property will be (check one):			
√ Surrendered	Retained		
If retaining the property, I intend to (ch	eck at least one):		
☐ Redeem the property			
☐ Reaffirm the debt			
Other. Explain			_ (for example, avoid lien
using 11 U.S.C.§522(f)).			
Property is <i>(check one):</i> Claimed as exempt	ď	Not claimed as exempt	
Property No: 4			
Creditor's Name: Ironstone Bank		Describe Property Securing De Commerical building @ 91	e bt: Zena Dr
Property will be (check one):			
Property will be (check one):	√ Retained		
Surrendered			
☐ Surrendered If retaining the property, I intend to (ch	_		
☐ Surrendered If retaining the property, I intend to (ch	_		
☐ Surrendered If retaining the property, I intend to (ch ☐ Redeem the property	eck at least one):		_ (for example, avoid lien
☐ Surrendered If retaining the property, I intend to (ch) ☐ Redeem the property ☐ Reaffirm the debt	eck at least one):		_ (for example, avoid lien

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CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION (Continuation Sheet)

PART A - Continuation

		T	
Property No: 5			
Creditor's Name: Capital Resource		Describe Property Securing Deb Commerical building @ 91 2	ot: Zena Dr
Property will be (check one):			
Surrendered	√ Retained		
If retaining the property, I intend to	(check at least one):		
☐ Redeem the property			
▼ Reaffirm the debt			
Other. Explain			(for example, avoid lien
using 11 U.S.C.§522(f)).			
Property is (check one): ☐ Claimed as exempt	₫	Not claimed as exempt	
Property No: 6			
Creditor's Name: GE Money Bank		Describe Property Securing Deb 2007 Class A Damon Motorh	ot: nome
Property will be (check one):			
Surrendered	Retained		
If retaining the property, I intend to	(check at least one):		
☐ Redeem the property			
☐ Reaffirm the debt			
I			(for example, avoid lien
using 11 U.S.C.§522(f)).			
Property is (check one): ☐ Claimed as exempt	₫	Not claimed as exempt	

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CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION (Continuation Sheet)

PART A - Continuation

		Ī	
Property No: 7			
Creditor's Name: Ford Motor Credit		Describe Property Securing Debt 2007 Ford E350 Van	:
Property will be (check one):			
Surrendered	▼ Retained		
If retaining the property, I intend to	(check at least one):		
Redeem the property			
Reaffirm the debt			
			(for example, avoid lien
using 11 U.S.C.§522(f)).			
Property is (check one): Claimed as exempt	₫	Not claimed as exempt	
Property No: 8			
Creditor's Name: GEHL Finance		Describe Property Securing Debe 2007 Mustang Bobcat	i:
Property will be (check one):			
√ Surrendered	☐ Retained		
If retaining the property, I intend to	(check at least one):		
Redeem the property			
☐ Reaffirm the debt			
<u> </u>			(for example, avoid lien
using 11 U.S.C.§522(f)).			
Property is (check one):	ı		
☐ Claimed as exempt	₫	Not claimed as exempt	

Aaon Inc 2425 S. Yukon Tulsa, OK 74107

Accurate Accounting and Tax Inc 2336 Wisteria Dr # 130 Snellville, GA 30078-6162

American Express PO Box 36002 Ft. Lauderdale, FL 33336

Atlanta Oral & Facial Surgery 605 Beaver Ruin Rd, Ste C Lilburn, GA 30047 \square

Bryson Properties 91 Zena Dr Cartersville, GA 30120

C.C. Dickson PO Box 13501 Rock Hill, SC 29731-3501

Capital Resource 1050 Iron Point Road Folsom, CA 95630

Citibusiness Card PO Box 44180 Jacksonville, FL 32231-4180

Climatic Comfort Products PO Box 25189 Columbia, SC 29224

Commerical Controls of Ga, Inc 6675 Mill Court Norcross, GA 30092 Dealers Supply Company, Inc 82 Kennedy Drive Forest Park, GA 30297-2536

DeLew Advertising 3098 Highway 411 Ne White, GA 30184

Dell PO Box 5275 Carol Stream, IL 60197-5275

Dell Air Conditioning, Inc 4131 Old Dixie Hwy Hapeville, GA 30354

Dell Air Conditioning, Inc c/o Charles M. Gilser 165 N Main St Jonesboro, GA 30236-3568

Diamond Metal Fabricators, Inc 322 Northpoint Pkwy, Ste A Acworth, GA 30102

East Coast Metal Distributors PO Box 277387 Atlanta, GA 30384-7387

Ed's Supply Co, Inc 40 Hickory Springs Ind Drive Canton, GA 30115

FIA Card Services PO Box 15726 Wilmington, DE 19886-5726

Fleet Services PO Box 6293 Carol Stream, IL 60197-6293 Ford Motor Credit PO Box 105697 Atlanta, GA 30348

GE Money Bank Atten: Bankruptcy Dept PO Box 103106 Roswell, GA 30076

GE Money Bank PO Box 960061 Orlando, FL 32896-0061

GEHL Finance BIN 88512 Milwaukee, WI 53288-0512

Georgia Department of Revenue Taxpayer Services Division PO Box 105499 Atlanta, GA 30348-5499

GMAC PO Box 9001948 Louisville, KY 40290-1948

Goodman Distribution, Inc PO Box 201652 Houston, TX 77216-1652

HD Supply PO Box 934752 Atlanta, GA 31193-4752

Holden & Associates PO Box 2608 Norcoss, GA 30091-

Home Depot PO Box 6029 The Lakes, NV 88901-6029 Internal Revenue Service Insolvency Suite 400 Stop 334-D 401 West Peachtree St, NE Atlanta, GA 30308

Ironstone Bank PO Box 29568 Raleigh, NC 27626-0568

IRS PO Box 21125 Philadelpia, PA 19114-0326

IRS PO Box 21126 Philadelpia, PA 19114-0326

Jackson L. Culbreth 115 Perimeter Center Place, Ste 900 Atlanta, GA 30346

Kimberly A. Porter 51 Miles Dr Carterville, GA 30120

Lowendick, Cuzdey, Ehrmann, Wagner, LLC 3775 Mansell Rd Alpharetta, GA 30022

Mingledorff's Inc PO Box 2608 Norcoss, GA 30092

NB Handy PO Box 601357 Charlotte, NC 28260-1357

Online Yellow Pages Group, Inc 334 Cornelia Street, Ste 1503 Plattsburgh, NY 12901 Porter H&A, Inc 91 Zena Dr Cartersville, GA 30120

Southern Pipe & Supply 1331 JFH Parkway Cartersville, GA 30120

Staples Credit Plan PO Box 689020 Des Moines, IA 50368-9020

Superior Court of Bartow County Case no: 09C-3617 135 West Cherokee Avenue, Ste 333 Cartersville, GA 30120-3181

The Guardian PO Box 200214 Cartersville, GA 30120

Trane Inc PO Box 403271 Atlanta, GA 30384-3271

Trane US Inc PO Box 406469 Atlanta, GA 30384

Wachovia Bank PO Box 96074 Charlotte, NC 28296-0074

Wells Fargo Mortgage P0 Box 14411 Des Moines, IA 50306-3411

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	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re Kenneth Michael Porter	The presumption arises.
Debtor(s)	\square The presumption does not arise.
Case Number:	☐ The presumption is temporarily inapplicable.
(If Impum)	

CHAPTER 7 STATEMENT OF CURRENT MONTHLY I NCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS
1A	If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. Ueteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
1C	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101 (d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on

	Part II. CALCULATION OF MONTHLY INC	OME FOR § 707(b)(7) EXCLUS	ION	
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.				
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.				
	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.				
2	c. Married, not filing jointly, without the declaration of separ Column A ("Debtor's Income") and Column B ("Spouse's	rate households set out in Line I ncome") for Lines 3-11.	2.b above. Co	mplete both	
	d. Married, filing jointly. Complete both Column A ("Debfor Lines 3-11.	otor's Income") and Column	B ("Spouse's	Income")	
	All figures must reflect average monthly income received from a six calendar months prior to filing the bankruptcy case, ending a before the filing. If the amount of monthly income varied during divide the six-month total by six, and enter the result on the approximation.	on the last day of the month g the six months, you must	Column A Debtor's Income	Column B Spouse's Income	
3	Gross wages, salary, tips, bonuses, overtime, commission	ns.	\$ N.A.	\$ N.A.	
4	Income from the operation of a business, profession or faciline a and enter the difference in the appropriate column(s) of Lithan one business, profession or farm, enter aggregate number attachment. Do not enter a number less than zero. Do not include business expenses entered on Line b as a deduction in Page 1.	Line 4. If you operate more rs and provide details on an clude any part of the			
	a. Gross receipts \$	N.A.			
	b. Ordinary and necessary business expenses \$	N.A.			
	c. Business income Su	ubtract Line b from Line a	\$ N.A.	\$ N.A.	
5	Rent and other real property income. Subtract Line b from difference in the appropriate column(s) of Line 5. Do not enter not include any part of the operating expenses entered or Part V.				
	a. Gross receipts \$	N.A.			
	b. Ordinary and necessary operating expenses \$	N.A.			
	c. Rent and other real property income Su	ubtract Line b from Line a	\$ N.A.	\$ N.A.	
6	Interest, dividends and royalties.		\$ N.A.	\$ N.A.	
7	Pension and retirement income.		\$ N.A.	\$ N.A.	
	Any amounts paid by another person or entity, on a regular expenses of the debtor or the debtor's dependents, include				
8	that purpose. Do not include alimony or separate maintenance by your spouse if Column B is completed.		\$ N.A.	\$ N.A.	
9	Unemployment compensation. Enter the amount in the approximation of However, if you contend that unemployment compensation receives a benefit under the Social Security Act, do not list the amount Column A or B, but instead state the amount in the space below:	eived by you or your spouse unt of such compensation in			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$N	.A. Spouse \$N.A.	\$ N.A.	\$ N.A.	

	· · · · · · · · · · · · · · · · · · ·				
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a. \$ N.A.				
	b. \$ N.A.				
	Total and enter on Line 10	\$	N.A.	\$	N.A.
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$	N.A.
12	Total Current Monthly I ncome for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				N.A.
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	N			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 Inumber 12 and enter the result.	y the	\$		N.A.
14	Applicable median family income. Enter the median family income for the applicable state an household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clean the bankruptcy court.) a. Enter debtor's state of residence: Georgia b. Enter debtor's household size: <a does<="" href="https://doi.org/10.1007/10.2</th><th>591.00</th></tr><tr><th></th><th>Application of Section 707(b)(7). Check the applicable box and proceed as directed.</th><th></th><th></th><th></th><th></th></tr><tr><th>15</th><td colspan=4>The amount on Line 13 is less than or equal to the amount on Line 14. Check the " presumption="" td="" the=""><td></td>				
	The amount on Line 13 is more than the amount on Line 14. Complete the remains	ning p	arts of tl	nis stat	ement.

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.	\$	N.A.			
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. S					
	Total and enter on Line 17.	\$	N.A.			
18	8 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.					
Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
19A	National Standards: food, clothing and items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					

19B	National Standards: health care Out-of-Pocket Health Care for persons 65 years of age or older clerk of the bankruptcy court.) End under 65 years of age, and enter in years or older. (The total number Line 14b). Multiply line a1 by Line enter the result in Line c1. Multiply 65 and older, and enter the result in and enter the result in Line 19B.	ons under 65 year. (This informater in Line b1 the Line b2 the number of household me b1 to obtain a to Line a2 by Line	ears of a tion is e number mber o embers otal ame e b2 to	age, and in Lir available at we per of member f members of must be the s arount for house obtain a total	ne a2 the IRS Nations www.usdoj.gov/ust is of your household women as the numbehold members uramount for house	onal Standards / or from the ld who are ho are 65 er stated in nder 65, and hold members		
	Household members under 65	years of age	Hous	ehold membe	ers 65 years of a	age or older		
	a1. Allowance per member	N.A.	a2.	Allowance p	er member	N.A.		
	b1. Number of members	N.A.	b2.	Number of i	members			
	c1. Subtotal	N.A.	c2.	Subtotal		N.A.	\$	N.A.
20A	Local Standards: housing an IRS Housing and Utilities Standards size. (This information is available	s; non-mortgage	e exper	nses for the ap	plicable county ar	nd household	\$	N.A.
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. [a.] IRS Housing and Utilities Standards; mortgage/rental expense \$ N.A. [b.] Average Monthly Payment for any debts secured by							
	b. your home, if any, as stated in Line 42 \$ N.A.							
	c. Net mortgage/rental expense Subtract Line b from Line a				rom Line a	\$	N.A.	
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							N.A.
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. Do D							N.A.
	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							

C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$	23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42						
only if you checked the '2 or more' Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptry court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42: subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42: subtract Line b from Line a.		c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line	* a. \$		N.A.			
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: tel	24	only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2,						
for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401 (k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expense		c. Net ownership/lease expense for Vehicle 2 Subtract Line b from L	ine a.	\$	N.A.			
average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. N.A. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessa	25	for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self em-						
actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* Tatal Eventure Allowerd under Allowerder Extention to the state to	26	average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as						
you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* Texts Supersease Allowed winden DS Standender, Extentive to the texts to be the very an actual to pay an actual payment and the service and the very an actual payment and the service and the very an actual payment and the payment and	27	actually pay for term life insurance for yourself. Do not include premiums on your dependents, for						
mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. N.A.	28	you are required to pay pursuant to court order or administrative agency, such as spousal or child						
expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* N.A.* **N.A.* **Tatal Expenses Allowed warder LDC Standards Expendence Expenses to the tatal of lines 100 there are an account to the page 100 to the tatal of lines 100 there are a line and the page 100 there. **N.A.*	29	mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or						
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* N.A.*	30	expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other						
amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. N.A.	31	actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings						
Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 \$ N.A.	32	amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any						
	33							

		Subpart B: Additional Expense I Note: Do not include any expenses tha				
	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for your spouse, or your dependents.					
	a.	Health Insurance	\$	N.A.		
	b.	Disability Insurance	\$	N.A.		
34	C.	Health Savings Account	\$	N.A.		37.1
	lf y	al and enter on Line 34. ou do not actually expend this total amount, state ce below: N.A.	your actual average expe		\$	N.A.
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					N.A.
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					N.A.
37	Home energy costs Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					N.A.
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					N.A.
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170 (c)(1)-(2)					
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.					N.A.

	Subpart C: Deductions for Debt Payment							
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42.							
42		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$		☐ yes ☐no		
	b.			\$		☐ yes ☐ no		
	C.			\$		☐ yes ☐ no		
					I: Add Line			NT 4
				a, b	and c		\$	N.A.
	prim depe pay prop repo	ner payments on secured clanary residence, a motor vehicle, or endents, you may include in your of the creditor in addition to the paymenty. The cure amount would inclussession or foreclosure. List and to tional entries on a separate page.	other property necessary for you leduction 1/60th of any amount (ments listed in Line 42, in order to de any sums in default that must	r sup the "o mai be p	port or the sucure amount" ntain possess aid in order to	upport of your) that you must sion of the oavoid		
43		Name of Creditor Property Securing the Debt 1/60th of the Cure Amo			ne Cure Amount			
	a.	a.						
	b.				\$			
	C.				\$			
							\$	N.A.
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$	N.A.
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.							
	a.	Projected average monthly Chapter 13 plan payment. \$ N.A.				N.A.		
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/				N.A.		
	C.	Average monthly administra	tive expense of Chapter 13 case		Total: Multipl	y Lines a and b	\$	N.A.
46	Tot	al Deductions for Debt Payr	ment. Enter the total of Lines 4:	2 thro	ough 45			N.A.
		-	rt D: Total Deductions fr				\$	IN.A.
47	Tot	<u> </u>				41 and 46		76.T. A
4 /	7 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.						\$	N.A.

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION								
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$	N.A.				
49	Enter the amount from Line 47 (Total of all deductions allowed under §	707(b)(2))	\$	N.A.				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a result.	and enter the	\$	N.A.				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 5 number 60 and enter the result.	0 by the	\$	N.A.				
	Initial presumption determination. Check the applicable box and proceed as direct	ed.						
	The amount on Line 51 is less than \$6,575. Check the box for "The presump page 1 of this statement, and complete the verification in Part VIII. Do not complete them." The amount set forth on Line 51 is more than \$10,950. Check the "Presump page 1.0"	e remainder of P	art VI.	·				
52	page 1 of this statement, and complete the verification in Part VIII. You may also comp the remainder of Part VI.							
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. VI (Lines 53 through 55).	Complete the re	emainder	of Part				
53	Enter the amount of your total non-priority unsecured debt		\$	N.A.				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0 enter	25 and	\$	N.A.				
	Secondary presumption determination. Check the applicable box and proceed as	directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII: ADDITIONAL EXPENSE CLAIM	5						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
56	Expense Description	Monthly A	mount					
	a. \$							
	b.							
	C. \$							
	Total: Add Lines a, b and c							
Part VIII: VERIFICATION								
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)							
E-7	Date: 1/29/10 Signature: /s/ Kenneth Michael Porter							
57	Date: Signature:							
	(Joint Debtor, if any)							

Income Month 1			Income Month 2		
THEOTHE MOUTH I			THEOME WORTH 2		
Gross wages, salary, tips	0.00	0.00	Gross wages, salary, tips	0.00	0.
Income from business	0.00	0.00	Income from business	0.00	0.
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.
Unemployment	0.00	0.00	Unemployment	0.00	0.
Other Income	0.00	0.00	Other Income	0.00	0.
Income Month 3			Income Month 4		
					_
Gross wages, salary, tips	0.00	0.00	Gross wages, salary, tips	0.00	0
Income from business	0.00	0.00	Income from business	0.00	0.
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.
Unemployment	0.00	0.00	Unemployment	0.00	0.
Other Income	0.00	0.00	Other Income	0.00	0.
Income Month 5			Income Month 6		
Gross wages, salary, tips	0.00	0.00	Gross wages, salary, tips	0.00	0.
Income from business	0.00	0.00	Income from business	0.00	0
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.
Unemployment	0.00	0.00	Unemployment	0.00	0.
Other Income	0.00	0.00	Other Income	0.00	0.

Additional I tems as Designated, if any

Remarks

Case 10-40335-pwb Doc 1 Filed 01/29/10 Entered 01/29/10 06:54:26 Desc Main Document Page 61 of 61

UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

In re:

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION -- Rule 2016 (b)

- 1. Pursuant to 11 U.S.C. §329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-names debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be render \$3950.00.
 - 2. The source of the compensation paid, or to be paid to me was the debtor.
- 3. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

Date	Signature	/s/
	Brian R. Cahn.	Bar No. 101965